

Appellate Docket Number: 05-19-00607**Appellate Case Style:** Peter Beasley**Vs.** Society of Information Management, Dallas Area Chapter; Janis O'Bryan and Nellson Burns

Companion Case(s): 05-19-00422-CV In re Peter Beasley
19-0041 Beasley v. Society of Information Management

Amended/Corrected Statement ☐**DOCKETING STATEMENT (Civil)**

FILED IN
5th COURT OF APPEALS
DALLAS, TEXAS

Appellate Court: 5th Court of Appeals

5/28/2019 7:12:53 AM

(to be filed in the court of appeals upon perfection of appeal under TRAP 32)

LISA MATZ
Clerk

NOTE: Because space for additional parties / attorneys is limited on this form, you can include the information on a separate document. As per TRAP 32.1 and 9.4, please include party's name and the name, address, email address, telephone number, fax number, if any, and State Bar Number of the party's lead counsel. If the party is not represented by an attorney, that party's name, address, telephone number, fax number should be provided.

I. Appellant	II. Appellant Attorney(s) - Continued
<input checked="" type="checkbox"/> Person <input type="checkbox"/> Organization Name: Peter Beasley - on affirmative claims <input checked="" type="checkbox"/> Pro Se If Pro Se Party, enter the following information: Address: P.O. Box 831359 City/State/Zip: Richardson, TX 75083-1359 Tel. 972-365-1170 Ext. Fax: Email: pbeasley@netwatchsolutions.com	<input type="checkbox"/> Lead Attorney Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:
II. Appellant Attorney(s) <input type="checkbox"/> Lead Attorney Retained Attorney Name: Daena Ramsey - on defensive claims only Bar No. 08093970 Firm/Agency: Vaughn & Ramsey Address 1: 2000 E Lamar Boulevard Address 2: Suite 430 City/State/Zip: Arlington, TX 76006 Tel. 972-262-0800 Ext. Fax: Email: dramsey@vrlaw.net	<input checked="" type="checkbox"/> Lead Attorney Retained Attorney Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:
<input type="checkbox"/> Lead Attorney Retained Attorney Name: Andrew Gardner - on defensive claims only Bar No. 24078538 Firm/Agency: Vaughn & Ramsey Address 1: 2000 E Lamar Boulevard Address 2: Suite 430 City/State/Zip: Arlington, TX 76006 Tel. 972-262-0800 Ext. Fax: Email: agardner@vrlaw.net	<input type="checkbox"/> Lead Attorney Select Name: Bar No. Firm/Agency: Address 1: Address 2: City/State/Zip: Tel. Ext. Fax: Email:

III. Appellee	IV. Appellee Attorney(s) - Continued
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Person <input checked="" type="checkbox"/> Organization </div> <div style="margin-bottom: 10px;"> Name: Society of Information Management </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Pro Se </div> <p><i>If Pro Se Party, enter the following information:</i></p> <div style="margin-bottom: 10px;"> Address: </div> <div style="margin-bottom: 10px;"> City/State/Zip: </div> <div style="margin-bottom: 10px;"> Tel. Ext. Fax: </div> <div style="margin-bottom: 10px;"> Email: </div>	<div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Lead Attorney Retained Attorney </div> <div style="margin-bottom: 10px;"> Name: Bob Bragalone </div> <div style="margin-bottom: 10px;"> Bar No. 02855850 </div> <div style="margin-bottom: 10px;"> Firm/Agency: Gordon Rees </div> <div style="margin-bottom: 10px;"> Address 1: 2100 Ross Avenue </div> <div style="margin-bottom: 10px;"> Address 2: Suite 2800 </div> <div style="margin-bottom: 10px;"> City/State/Zip: Dallas, TX 75201 </div> <div style="margin-bottom: 10px;"> Tel. 214-231-4714 Ext. Fax: </div> <div style="margin-bottom: 10px;"> Email: bbragalone@gordonrees.com </div>
IV. Appellee Attorney(s)	
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Lead Attorney Retained Attorney </div> <div style="margin-bottom: 10px;"> Name: Peter Vogel </div> <div style="margin-bottom: 10px;"> Bar No. 20601500 </div> <div style="margin-bottom: 10px;"> Firm/Agency: Foley Gardere/Foley & Lardner LLP </div> <div style="margin-bottom: 10px;"> Address 1: 2021 McKinney Avenue </div> <div style="margin-bottom: 10px;"> Address 2: Suite 1600 </div> <div style="margin-bottom: 10px;"> City/State/Zip: Dallas, TX 75201 </div> <div style="margin-bottom: 10px;"> Tel. 214.999.4422 Ext. Fax: </div> <div style="margin-bottom: 10px;"> Email: pvogel@gardere.com </div>	<div style="margin-bottom: 10px;"> <input type="checkbox"/> Lead Attorney Select </div> <div style="margin-bottom: 10px;"> Name: Sona Garcia </div> <div style="margin-bottom: 10px;"> Bar No. 24045917 </div> <div style="margin-bottom: 10px;"> Firm/Agency: Gordon Rees </div> <div style="margin-bottom: 10px;"> Address 1: 2100 Ross Avenue </div> <div style="margin-bottom: 10px;"> Address 2: Suite 2800 </div> <div style="margin-bottom: 10px;"> City/State/Zip: Dallas, TX 75201 </div> <div style="margin-bottom: 10px;"> Tel. 214-461-4053 Ext. Fax: </div> <div style="margin-bottom: 10px;"> Email: sjgarcia@gordonrees.com </div>
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Lead Attorney Select </div> <div style="margin-bottom: 10px;"> Name: </div> <div style="margin-bottom: 10px;"> Bar No. </div> <div style="margin-bottom: 10px;"> Firm/Agency: </div> <div style="margin-bottom: 10px;"> Address 1: </div> <div style="margin-bottom: 10px;"> Address 2: </div> <div style="margin-bottom: 10px;"> City/State/Zip: </div> <div style="margin-bottom: 10px;"> Tel. Ext. Fax: </div> <div style="margin-bottom: 10px;"> Email: </div>	<div style="margin-bottom: 10px;"> <input type="checkbox"/> Lead Attorney Select </div> <div style="margin-bottom: 10px;"> Name: </div> <div style="margin-bottom: 10px;"> Bar No. </div> <div style="margin-bottom: 10px;"> Firm/Agency: </div> <div style="margin-bottom: 10px;"> Address 1: </div> <div style="margin-bottom: 10px;"> Address 2: </div> <div style="margin-bottom: 10px;"> City/State/Zip: </div> <div style="margin-bottom: 10px;"> Tel. Ext. Fax: </div> <div style="margin-bottom: 10px;"> Email: </div>

V. Perfection of Appeal, Judgment and Sentencing

Nature of Case (Subject matter or type of case): Contract

Date Order or Judgment signed: 12/11/2018

Type of Judgment: Interlocutory Order

Date Notice of Appeal filed in Trial Court: 01/11/2019

If mailed to the Trial Court clerk, also give the date mailed:

Interlocutory appeal of appealable order: ☒ Yes ☐ No

If yes, please specify statutory or other basis on which interlocutory order is appealable (See TRAP 28):

By this court's order 05/15/2019 & CPCR section 11.101(c)

Accelerated Appeal (See TRAP 28): ☒ Yes ☐ No

If yes, please specify statutory or other basis on which appeal is accelerated:

By this court's order 05/15/2019 & CPCR section 11.101(c)

Parental Termination or Child Protection? (See TRAP 28.4): ☐ Yes ☒ No

Permissive? (See TRAP 28.3): ☐ Yes ☒ No

If yes, please specify statutory or other basis for such status:

Agreed? (See TRAP 28.2): ☐ Yes ☒ No

If yes, please specify statutory or other basis for such status:

Appeal should receive precedence, preference, or priority under statute or rule? ☒ Yes ☐ No

If yes, please specify statutory or other basis for such status:

By Rule 2.81 for an accelerated appeal; appellate erroneously listed on OCA website

Does this case involve an amount under \$100,000? ☐ Yes ☒ No

Judgment or Order disposes of all parties and issues? ☐ Yes ☒ No

Appeal from final judgment? ☐ Yes ☒ No

Does the appeal involve the constitutionality or the validity of a statute, rule, or ordinance? ☒ Yes ☐ No

VI. Actions Extending Time to Perfect Appeal

Motion for New Trial: ☐ Yes ☒ No If yes, date filed:

Motion to Modify Judgment: ☐ Yes ☒ No If yes, date filed:

Request for Findings of Fact and Conclusions of Law:

☐ Yes ☒ No If yes, date filed:

Motion to Reinstate: ☐ Yes ☒ No If yes, date filed:

Motion under TRCP 306a: ☐ Yes ☒ No If yes, date filed:

Other: ☒ Yes ☐ No

If Other, please specify: Trial timeline stayed since 04/18/2018 by CPCR 11.052

VII. Indigency of Party (Attach file stamped copy of Statement and copy of the trial court order.)

Was Statement of Inability to Pay Court Costs filed in the trial court? ☐ Yes ☒ No

If yes, date filed:

Was a Motion Challenging the Statement filed in the trial court? ☐ Yes ☒ No

If yes, date filed:

Was there any hearing on appellant's ability to afford court costs? ☐ Yes ☒ No

Hearing Date:

Did trial court sign an order under Texas Rule of Civil Procedure 145? ☐ Yes ☒ No

Date of Order:

If yes, trial court finding: ☐ Challenge Sustained ☐ Overruled

VIII. Bankruptcy

Has any party to the court's judgment filed for protection in bankruptcy which might affect this appeal?

☐ Yes ☒ No

If yes, please attach a copy of the petition.

Date bankruptcy filed:

Bankruptcy Case Number:

IX. Trial Court and Record

Court: 191st District Court

County: Dallas

Trial Court Docket No. (Cause No.):
DC-18-05278

Trial Court Judge (who tried or disposed of the case):

Name: Honorable Gena Slaughter

Address 1: 600 Commerce Street

Address 2: 7th Floor

City/State/Zip: Dallas, TX 75201

Tel. Ext. Fax:

Email:

Clerk's Record

Trial Court Clerk: ☒ District ☐ County

Was Clerk's record requested? ☒ Yes ☐ No

If yes, date requested: 05/27/2019

If no, date it will be requested:

Were payment arrangements made with clerk?

☐ Yes ☒ No ☐ Indigent

(Note: No request required under TRAP 34.5(a),(b).)

IX. Trial Court and Record - Continued

Reporter's or Recorder's Record

Is there a Reporter's Record? ☒ Yes ☐ No

Was Reporter's Record requested? ☒ Yes ☐ No

If yes, date requested: 05/26/2019

If no, date it will be requested:

Was the Reporter's Record electronically recorded? ☒ Yes ☐ No

Were payment arrangements made with the court reporter/court recorder? ☒ Yes ☐ No ☐ Indigent

☒ Court Reporter ☐ Court Recorder
☒ Official ☐ Substitute

Name: Melba Wright

Address 1: 600 Commerce Street

Address 2: 7th Floor

City/State/Zip: Dallas, TX 75206

Tel. 214-653-7146 Ext. Fax:

Email: wrightmelba@msn.com

☐ Court Reporter ☐ Court Recorder
☐ Official ☐ Substitute

Name:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

X. Supersedeas Bond

Supersedeas bond filed? ☐ Yes ☒ No

If yes, date filed:

If no, will file? ☐ Yes ☒ No

XI. Extraordinary Relief

Will you request extraordinary relief (e.g., temporary or ancillary relief) from this Court? ☒ Yes ☐ No

If yes, briefly state the basis for your request:

To consolidate this appeal with co-pending 05-19-0422-CV between the parties attacking the same underlying judgment, and for other relief

XII. Alternative Dispute Resolution/Mediation

(Complete section if filing in the 1st, 2nd, 4th, 5th, 6th, 8th, 10th, 11th, 13th, or 14th Court of Appeals.)

Should this appeal be referred to mediation? ☒ Yes ☐ No

If no, please specify: Defendants have refused to meet for mediation at all since conflict began 03/17/2016.

Has this case been through an ADR procedure? ☐ Yes ☒ No

If yes, who was the mediator?

What type of ADR procedure?

At what stage did the case go through ADR? ☐ Pre-Trial ☐ Post-Trial ☒ Other

If other, please specify: An agreed mediator had been selected - Dan Marley, 214-734-7397

Type of Case? Contract

Give a brief description of the issue to be raised on appeal, the relief sought, and the applicable standard for review, if known (without prejudice to the right to raise additional issues or request additional relief):

Abuse of discretion standard. Appellant contends an appeal of pre-filing order may be pursued, by either interlocutory appeal or by mandamus. Pro se appellant argues his attorney's Motion for Reconsideration is sufficient to overcome the attorney's failure to perfect an interlocutory appeal with exact precision. The Prefiling Order is unwarranted because the underlying vexatious litigant ruling is erroneous. The Vex Lit motion was filed too late, defendants failed in their burden to show plaintiff had no reasonable probability to prevail on the litigation and failed to show sufficient prior failed litigation history. The statute is unconstitutional.

How was the case disposed of? Case has not been disposed of

Summary of relief granted, including amount of money judgment, and if any, damages awarded.

If money judgment, what was the amount? Actual damages: None

Punitive (or similar) damages: None

Attorney's fees (trial): None

Attorney's fees (appellate): None

Other:

If other, please specify:

Will you challenge this Court's jurisdiction? ☐ Yes ☒ No

Does judgment have language that one or more parties "take nothing"? ☐ Yes ☒ No

Does judgment have a Mother Hubbard clause? ☐ Yes ☒ No

Other basis for finality:

XII. Alternative Dispute Resolution/Mediation - Continued**(Complete section if filing in the 1st, 2nd, 4th, 5th, 6th, 8th, 10th, 11th, 13th, or 14th Court of Appeals.)**Rate the complexity of the case (use 1 for least and 5 for most complex): ☐ 1 ☒ 2 ☐ 3 ☐ 4 ☐ 5Please make my answer to the preceding questions known to other parties in this case? ☒ Yes ☐ NoCan the parties agree on an appellate mediator? ☐ Yes ☐ No

If yes, please give the name, address, telephone, fax, and email address:

Name: Address: Telephone: Ext. Fax: Email:

Languages other than English in which the mediator should be proficient:

None

Name of the person filling out mediation section of docketing statement:

Peter Beasley **XIII. Related Matters**

List any pending or past related appeals before this, or any other Texas Appellate Court, by Court, Docket, and Style.

Court: 5th Court of Appeals	Docket: 05-19-00422-CV	PENDING
Style: In re Peter Beasley		
Vs.		

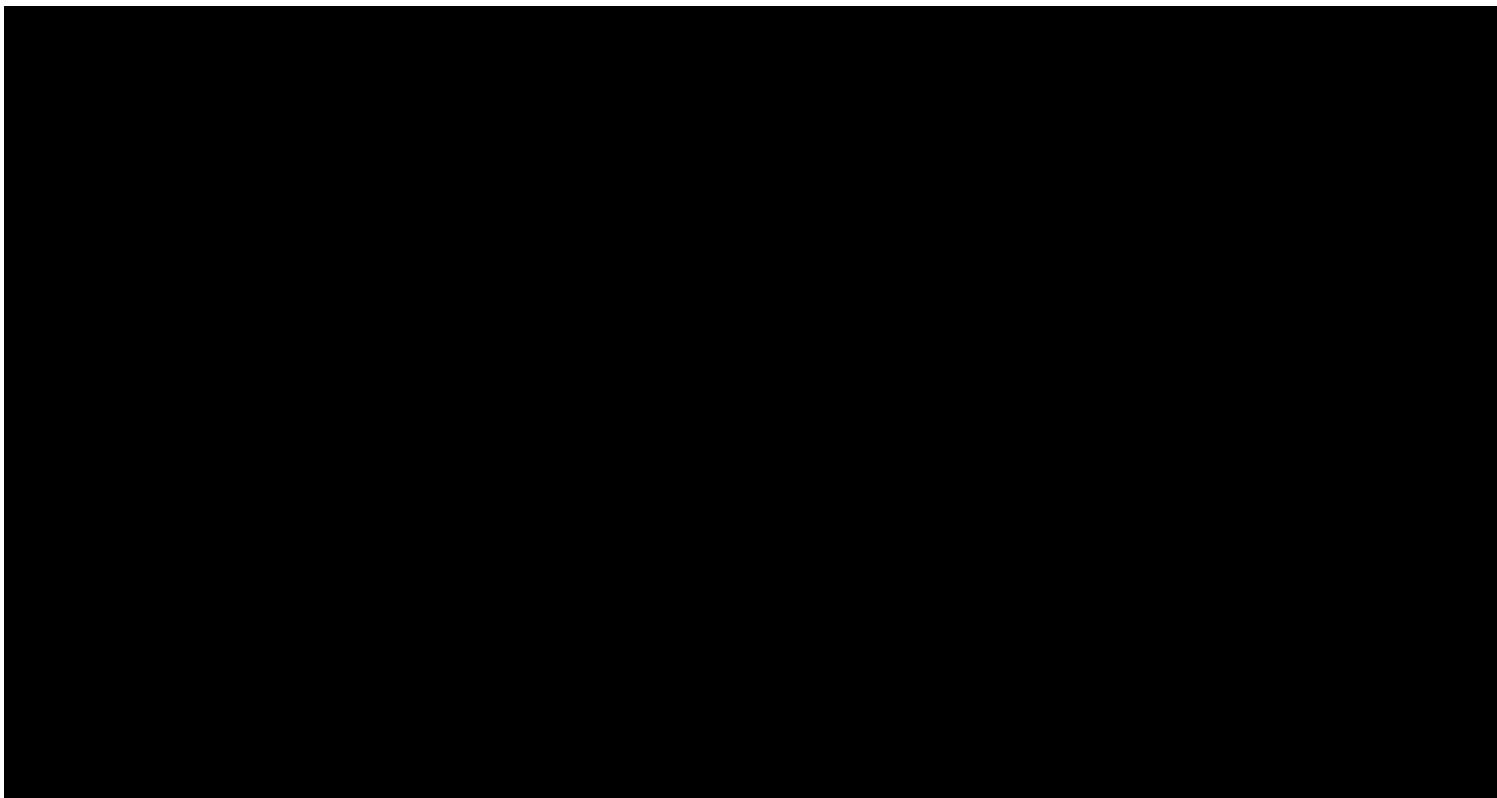
Court: Supreme Court	Docket: 19-0041	PENDING
Style: Beasley		
Vs. Society of Information Management		

Court: 5th Court of Appeals	Docket: 05-17-01276-CV	
Style: Beasley		
Vs. Society of Information Management		

Court: Select Appellate Court	Docket:	
Style:		
Vs.		

Court: Select Appellate Court	Docket:	
Style:		
Vs.		

Court: 5th Court of Appeals	Docket: 05-17-01365-CV	
Style: In re Peter Beasley		
Vs.		



XIII. Related Matters

List any pending or past related appeals before this, or any other Texas Appellate Court, by Court, Docket, and Style.

Court: Supreme Court	Docket: 17-01032
Style: In re Peter Beasley	
Vs.	

Court: 5th Court of Appeals	Docket: 05-18-00382-CV
Style: In re Peter Beasley	
Vs.	

Court: 5th Court of Appeals	Docket: 05-18-00395-CV
Style: In re Peter Beasley	
Vs.	

Court: Select Appellate Court	Docket:
Style:	
Vs.	

Court: Select Appellate Court	Docket:
Style:	
Vs.	

Court: 5th Court of Appeals	Docket: 05-18-00553-CV
Style: In re Peter Beasley	
Vs.	

XIII. Related Matters

List any pending or past related appeals before this, or any other Texas Appellate Court, by Court, Docket, and Style.

Court: 5th Court of Appeals

Docket: 05-18-559-CV

Style: In re Peter Beasley

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

Court: Select Appellate Court

Docket:

Style:

Vs.

XIV. Pro Bono Program:

(Complete section if filing in the 1st, 2nd, 3rd, 5th, 7th, 13th or 14th Court of Appeals.)

The Courts of Appeals listed above, in conjunction with the State Bar of Texas Appellate Section Pro Bono Committee and local Bar Associations, are conducting a program to place a limited number of civil appeals with appellate counsel who will represent the appellant in the appeal before this Court.

The Pro Bono Committee is solely responsible for screening and selecting the civil cases for inclusion in the Program based upon a number of discretionary criteria, including the financial means of the appellant or appellee. If a case is selected by the Committee, and can be matched with appellate counsel, that counsel will take over representation of the appellant or appellee without charging legal fees. More information regarding this program can be found in the Pro Bono Program Pamphlet available in paper form at the Clerk's Office or on the Internet at <http://www.tex-app.org>. If your case is selected and matched with a volunteer lawyer, you will receive a letter from the Pro Bono Committee within thirty (30) to forty-five (45) days after submitting this Docketing Statement.

Note: there is no guarantee that if you submit your case for possible inclusion in the Pro Bono Program, the Pro Bono Committee will select your case and that pro bono counsel can be found to represent you. Accordingly, you should not forego seeking other counsel to represent you in this proceeding. By signing your name below, you are authorizing the Pro Bono committee to transmit publicly available facts and information about your case, including parties and background, through selected Internet sites and Listserv to its pool of volunteer appellate attorneys.

Do you want this case to be considered for inclusion in the Pro Bono Program? ☐ Yes ☒ No

Do you authorize the Pro Bono Committee to contact your trial counsel of record in this matter to answer questions the committee may have regarding the appeal? ☐ Yes ☒ No

Please note that any such conversations would be maintained as confidential by the Pro Bono Committee and the information used solely for the purposes of considering the case for inclusion in the Pro Bono Program.

If you have not previously filed a Statement of Inability to Pay Court Costs and attached a file-stamped copy of that Statement, does your income exceed 200% of the U.S. Department of Health and Human Services Federal Poverty Guidelines? ☐ Yes ☒ No

These guidelines can be found in the Pro Bono Program Pamphlet as well as on the internet at <http://aspe.hhs.gov/poverty/06poverty.shtml>.

Are you willing to disclose your financial circumstances to the Pro Bono Committee? ☐ Yes ☒ No

If yes, please attach a Statement of Inability to Pay Court Costs completed and executed by the appellant or appellee. Sample forms may be found in the Clerk's Office or on the internet at <http://www.tex-app.org>. Your participation in the Pro Bono Program may be conditioned upon your execution of a Statement under oath as to your financial circumstances.

Give a brief description of the issues to be raised on appeal, the relief sought, and the applicable standard of review, if known (without prejudice to the right to raise additional issues or request additional relief; use a separate attachment, if necessary).



XV. Signature

Signature of counsel (or Pro Se Party)	<u>05/28/2019</u> Date
Printed Name	State Bar No.
<u>/s/ Peter Beasley</u> Electronic Signature (Optional)	<u>Peter Beasley</u> Name

XVI. Certificate of Service

The undersigned counsel certifies that this Docketing Statement has been served on the following lead counsel for all parties to the Trial Court's Order or Judgment as follows on:

Signature of counsel (or Pro Se Party)	<u>/s/ Peter Beasley</u> Electronic Signature (Optional)
--	---

State Bar No.

Certificate of Service Requirements (TRAP 9.5(e)): A certificate of service must be signed by the person who made the service and must state:

- (1) the date and manner of service;
- (2) the name and address of each person served, and
- (3) if the person served is a party's attorney, the name of the party represented by the attorney.

Please enter the following for each person served:

Date Served: 05/28/2019

Manner Served: eServe



Name: Bob Bragalone - see above

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

Party:

Date Served: 05/28/2019

Manner Served: eServe



Name: Sona Garcia - see above

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

Party:

Date Served: 05/28/2019

Manner Served: eServe



Name: Peter Vogel - see above

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

Party:

Date Served: 05/28/2019

Manner Served: eServe



Name: Daena Ramsey - see above

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

Party:

Date Served: 05/28/2019

Manner Served: eServe



Name: Andrew Gardner - see above

Bar No.

Firm/Agency:

Address 1:

Address 2:

City/State/Zip:

Tel. Ext. Fax:

Email:

Party:

Please enter the following for each person served that is not an attorney for a party:

Date Served:
Manner Served: Select
Name:
Address 1:
Address 2:
City/State/Zip:
Tel. Ext.
Fax:
Email:

Date Served:
Manner Served: Select
Name:
Address 1:
Address 2:
City/State/Zip:
Tel. Ext.
Fax:
Email:

Date Served:
Manner Served: Select
Name:
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Fax:
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Date Served:
Manner Served: Select
Name:
Address 1:
Address 2:
City/State/Zip:
Tel. Ext.
Fax:
Email:

Date Served:
Manner Served: Select
Name:
Address 1:
Address 2:
City/State/Zip:
Tel. Ext.
Fax:
Email:

Date Served:
Manner Served: Select
Name:
Address 1:
Address 2:
City/State/Zip:
Tel. Ext.
Fax:
Email: